

# NAAIM Associate Membership Application

**2014 Associate Member  
Dues: \$600**

Return this form completed with credit card information, or a check, payable to NAAIM and fax or mail to:

**NAAIM**  
**6732 W. Coal Mine Ave., #446**  
**Littleton, CO 80123**  
 303-979-1280 • (Fax) 303-979-2192  
[Info@naaim.org](mailto:Info@naaim.org) • [www.naaim.org](http://www.naaim.org)

- Check enclosed payable to NAAIM
- Charge to \_\_\_ VISA \_\_\_ MasterCard or \_\_\_ Amex

\_\_\_\_\_

Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Signature of Card Holder

Credit card billing address if different from the company address:

\_\_\_\_\_

Street

\_\_\_\_\_

City, State, Zip

Date \_\_\_\_\_

(Please Print)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Company Contact Name \_\_\_\_\_

Primary Company Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Additional Contacts (please print)

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**The following Statement of Adherence must be signed for membership approval.**

**Statement of Adherence:** Membership in NAAIM shall constitute a continuing representation of the member to NAAIM that such member is without knowledge of any fact or facts that would constitute professional misconduct by the member or covered person(s) associated with the member as defined in Section 7 of the NAAIM Bylaws.

I, \_\_\_\_\_, hereby affirm my receipt and understanding of the foregoing representation and by my signature below deliver our annual statement of adherence to the governing documents of NAAIM (Articles of Incorporation and Bylaws, Code of Ethics, Performance Measurement Standards, Fair Practice Policy) found at [www.naaim.org](http://www.naaim.org). Any exceptions as defined in Section 7(b) Professional Misconduct, are reported below as required.

\_\_\_\_\_

Signature Date

Exception(s) to statement of adherence: \_\_\_\_\_

\_\_\_\_\_

Associate Member Type (please check appropriate listing and explain in further detail)

Firm Name: \_\_\_\_\_

**Product or Service Offered:**

- Back Office Software Provider
- Investment Software Provider
- Mutual Fund or Variable Annuity
- Trust Company
- Investment Provider
- Consultant
- Other \_\_\_\_\_

Description of Services (100 words or less): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_